

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212537211				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Fortuity Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD STE 301 GLEN ALLEN, VA 23060</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MI</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2012</p> <p>SCC ID NO: F1488958</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>60,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	60,000
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COMMON	60,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: ONE MUTUAL AVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: FRANKENMUTH, MI 48787-0001</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN S BENSON TITLE: CHRMN OTB/P/CEO ADDRESS: ONE MUTUAL AVENUE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN S BENSON TITLE: CHRMN OTB/P/CEO ADDRESS: ONE MUTUAL AVENUE CITY/ST/ZIP/CO: FRANKENMUTH, MI 48787-0001	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	PHILIP J MCCAIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE MUTUAL AVE		
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001		
NAME:	RANDALL S TRINKLEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE MUTUAL AVE		
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001		
NAME:	MORRALL M CLARAMUNT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE MUTUAL AVE		
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001		
NAME:	LYLE G DAVIS JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE MUTUAL AVE		
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001		
NAME:	DAVID R JOHNSTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE MUTUAL AVE		
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001		
NAME:	DAVID A PENDLETON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE MUTUAL AVE		
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001		
NAME:	JACK R RUMMEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE MUTUAL AVE		
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001		
NAME:	DREW R ZEHNDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE MUTUAL AVE		
CITY/ST/ZIP/CO:	FRANKENMUTH, MI 48787-0001		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BRIAN S MCLEOD	BRIAN S MCLEOD, VP/T/S	9/27/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			